


Additional Physician Office Visits Requests

Form used to request prior authorization for physician office visits that exceed the 12 visits allowed per year without prior authorization.

Section Description	Instructions
Member and Provider Information	
Member Information and Provider information is system populated based on member and provider IDs entered.	N/A
Contact Information	
Provider contact information is populated by the system in this section.	1. Enter contact information that is missing or change information that is incorrect (email is optional).
Request Information	
This section captures place of service, the type of release of information consent, and number of office visits requested.	2. Place of Service: Click the <i>Office</i> or <i>Other</i> button to denote the service location. 3. Release of Info Code: Select the type of release of information consent related to the request. If not known, select Plan Sponsor. 4. Number of Visits Requested: Enter the number of additional office visits requested in whole numbers only.
Diagnosis	
This section captures the member's diagnosis or diagnoses related to the additional office visits request.	5. ICD-9 Diagnosis: Enter the primary ICD-9 Diagnosis code in the ICD-9 box. Include a decimal point if part of the diagnosis; OR search for  the diagnosis and the system will insert. 6. Diagnosis Date: Enter the date that the diagnosis was determined in the date box. 7. Primary DX: Denote the diagnosis as primary by clicking the primary checkbox. 8. Click ADD to add the diagnosis code to the request. 9. Follow the same process to add other diagnosis codes.
Procedures	
This section captures office visit procedure information including: CPT Code, Description, and From and To Dates of service.	10. CPT Code: Enter the office visit procedure code in the 'CPT Code' box. It is only necessary to enter one of the office visit codes since the covered office visit procedure codes are bundled as a code group in the claims system. The code group includes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215. The system inserts the code description. 11. Dates of Service: In the 'From Date' box, enter the date of the first visit related to the request. In the 'To Date' box, enter the date of the last visit related to the request. Enter the dates manually or use the calendar popup. 12. Modifiers are not required. 13. Click ADD to add the procedure to the request. 14. Follow the same process to add other procedures.

Physician's Recommendation	
<p>This section captures that date that the member was first seen for diagnosis and treatment; and the date of the most recent office visit.</p>	<p>15. Date First Seen: Enter the date that the member was first seen for diagnosis. Enter manually or use the calendar.</p> <p>16. Date of Most Recent Visit: Enter the date of the most recent office visit. Enter manually or use the calendar.</p>
Justification for Services and Additional Visits	
<p>This section captures information that justifies the need for additional office visits and includes four textboxes: Present Medical Status; Treatment/Services Rendered; Plan of Care and Justification and Circumstances for Requested Additional Services</p>	<p>17. Enter information in each textbox. This is required in order to submit the request.</p>
<p>When all information entered:</p> <p>Click Review Request</p> <p>Click I Agree to the attestation statement</p> <p>Review the request for accuracy</p> <p>Click Edit Request to correct data or add more data</p> <p>Click Submit Request to submit</p>	